

(See DCD 220-004 for details. Allowable quantity listed is the maximum for General Population, combination of State-issued & personal property.)

Inmate Name Johnson, Earl Number 252782 Institution MCTCInventory Reason: () Transfer In () Transfer Out () Segregation () Release from Segregation () Hospital () Escape
() Out in Custody () Other ASPT #13425, 142655, 142601, 142618, 13100, 13101

Item	Allow Quant	Item	Allow Quant	Item	Allow Quant	Item	Allow Quant	
CLOTHING		APPLIANCES & ACCESSORIES		TOILET & HYGIENE ITEMS		RECREATIONAL MATERIALS		
Belt 2" Buckle (no logos)	1	Alarm Clock	1	Toothbrush holder	1	Art Brushes	5	
Bras, state issue	7	Antenna, TV	1	Over the counter Meds - includes: Aspirin/Tylenol (pack), Antacid (pack), Cough drops (bag), Vitamins - Multiple (container) (no amino or creatine) (Total combined)	8	Art Set	1 set	
Coat, Jacket	1	Batteries (as needed plus 1 additional set)	As req. 6			Board Games/Dominos (no dice)	1	
Footwear (any combo Athletic Shoes, Shower Shoes, Slippers, Sandals)	4	Beard/mustache trimmer and attachments	1			Chess Set (solid) \$20	1	
Handkerchiefs	6	Book Light	1	HYGIENE ITEMS		Guitar w/w case \$150	1	
Hat (knit style)	1	Calculator	1	Hygiene items (aftershave lotion, bunion & callus pads, chapstick, contact lens cleaner, contact lens solution, cotton swabs, dental loops, denture adhesive & cleaner, deodorant, eye wash, hair conditioner & dressing, mouthwash, shampoo, shaving cream, skin cream & lotion, soap, talcum powder, toothpaste) (Total)		Guitar Strings (exchange only)		
Hat (baseball style)	1	Cassette tapes, or CDs commercially recorded factory sealed - no DVDs	8				Harmonica w/case \$25	1
Hat (stretch style) Male	2	Extension Cord or 1-outlet Surge Protector (9 feet max)	1				Jigsaw Puzzle	2
Hat (rain bonnet) Female	1	Fan	1			Playing Cards (decks)	2	
Pajama Sets (nightgown, female only)	2	Game System	1			Support belt / athletic supporter	As req.	
Rain Poncho or Raincoat	1	Game Cartridges \$35	6	30		MEDICAL ITEMS (Quantities Only as Prescribed)		
Shirts (Jerseys, Sweat-shirts, Sweaters)	6	Headphones (clear) \$25	1			Dentures and containers	X	
Shorts, Athletic	4	Radio, AM or AM/FM, w/w cassette or CD no recording capability or detachable speakers \$75	1			Eyeglasses/Contacts & case	1	
Shower Robe	1	Television or TV/AM/FM Combo, w/w remote \$200	1	Toilet paper rolls	3	Other items (braces, etc.), elastic joint support, other medical items	2	
Socks (pair)	9	Typewriter, (or word processor, no detachable monitor or disk) \$250	1			Prosthetics	X	
Special Work Clothing	As Per	Other accessories for appliances (typewriter ribbon, earphone extensions, AC adapters, no universal adapters coax connectors) (As permitted)	As req. 1	STATIONERY ITEMS		FOOD / DRINK ITEMS - NO GLASS		
Thermal Underwear (set)	2			Approved extension course material	As req.	Beef jerky	6	
Trousers, Pants, Sweatpants, Leisure-style pants (Skirts, female only)	4			Binder (notebook/no metal)	1	Candy, bags	5	
Undershirts/Tee-shirts	8			Books & papers (personal, religious, legal (Magazines & newspapers included (12" x 12" x 18"))	1.5 cu. ft.	Candy, bars	24	
Underpants, Boxers/Briefs	8					Canned goods & packaged meals (Total)	15	
JEWELRY AND PERSONAL ACCES.		MISCELLANEOUS				Cereals	2	
Clothes Hangers (plastic)	6	Air Freshener, solid	2	Books, school (As required)		Coffee, Hot Chocolate individual packs	24	
Combination Lock	2	Comb	1	Greeting cards (As approved)		Crackers, Cookies, Cakes (box)	3	
Earrings, Pair (females)	1			Pencils/Pens	18	Creamer, non-dairy (box)	2	
Religious Articles				Photo Album (no metal)	1	Instant Drinks (containers)	5	
Jewelry \$25	1			Photograph with frame	1	Potato Chips, Popcorn, Pretzels, Nuts	8	
Clothing (Female 4)	3			Postage Stamps/stamped envelopes	20	Pudding (packages)	2	
Other	4			Ruler (plastic)	1	Soft drinks, juice (case)	1	
Ring, Wedding - \$75	1			Scotch Tape rolls	2	Soup Noodles	24	
Sewing Kit	1			Writing Paper tablets	2	LINEN ITEMS		
Shoe/boot laces (spare)	3					Laundry Bag	2	
Shoe Polish - no wax	1					Personal Sheets & Pillow cases (set)	1	
Shoeshine Brush	1					Towels, hand or bath	6	
Shoeshine Cloth	1					Washcloths	4	
Sunglasses	1					Spreads - condiments, mayo, honey, cheese, jelly		
Trash can - max 3 gal.	1					Sweetener (box)	1	
Wrist watch \$50	1					Tea bags (box)	1	
						Plastic bowl	1	
						Plastic fork & spoon (pack)	1	

I/we, J. Sweeney CO 2, Date 06-07-17, have personally inventoried the above listed items and find this to be true and correct.I, inmate X, DOC # 252-712, have checked the above list of personal property and agree that all the items hereon are mine, and consist of all my personal property.I, X, Date 06-07-17, have checked the above list of property and certify that the items were received into my custody and issued to the above-named inmate.I, inmate X, DOC # 252-712, have received these items on date 06-07-17.



Department of Public Safety and Correctional Services

Division of Correction

Maryland Correctional Training Center

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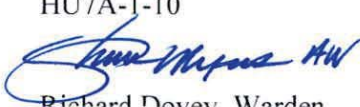
RICHARD D. DOVEY
WARDEN

STEVEN W. MYERS
ASSISTANT WARDEN

GEORGE J. MORRIS
CHIEF OF SECURITY

MEMORANDUM

TO: Earl Johnson, #252782 / SID 335615
HU7A-1-10

FROM: 
Richard Dovey, Warden

DATE: July 31, 2017

SUBJECT: EVENT 2017-0030117-ALLEGED FALSE REPORT

Thank you for your letter that was sent to the Office of the Deputy Secretary regarding Event 2017-0030117. Secretary Zeigler received your correspondence and forwarded your letter to my office for response.

In your letter you state that the officers wrote a false report and you were found not guilty at the hearing. I have reviewed your concerns and found that when this incident occurred, the officer heard you yelling at inmates inviting them to fight and drinking what appeared to be homemade alcohol. When the officer approached you, the smell of alcohol was emanating from your person and he cuffed you without incident. A search of your cell yielded homemade alcohol.

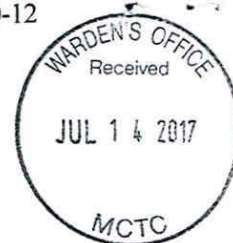
On June 27, 2017, this event was heard and a *plea agreement was reached*; the hearing officer dismissed rule violations 114 and 301, however you were *found guilty* of rule 406. You were sanctioned to 15 days cell restriction. There were pictures and testing strips that were "positive" for alcohol. While a plea agreement was reached this is not a "not guilty" finding, you were, in fact, found guilty of rule 406.

As to your request for names of the officers involved in this event, you may ask your attorney to subpoena the facility for this information.

I hope this provides some level of clarification regarding this matter. If you have any further questions, please feel free to contact my office.

RDD:RS;tlh

c: Rose Thompson, Office of the Deputy Secretary, Operations
Valerie Ferrell, Inmate Affairs
Captain Webb, Investigations
R. Stevenson, Case Management
Base File
File



Department of Public Safety and Correctional Services
Division of Correction
MCTC
Institution/ Facility

Application and Consent Form for Release of Inmate Case Information

1. Inmate: Earl Johnson DOC#: 252782
2. Inmate Record Release to: ☒ Self ☐ Other Name: _____
3. Specific items in the inmate record to be reviewed: Copies of pictures of alcohol supposedly found in cell.
4. Reason for reviewing inmate record: To file a lawsuit.

5. If my request to review the inmate case record is approved, I agree to use the information only for legitimate purposes and in the furtherance of my official duties. I agree that any information obtained shall not be disseminated to any person not authorized to receive it.

Earl Johnson Earl Johnson 7/10/2017
Printed Name Signature Date

6. Warden's Decision: ☐ Approve ☒ Disapprove

[Signature]
Warden/ Designee Signature

7-14-17
Date

Comments: Pictures were for use by security. Substance was tested - positive for alcohol.

7. Certification:

Copies received by or sent to _____ on _____

The inmate record was reviewed in my presence by _____

(Print Name)

(Signature)

on _____

Staff Member Title

Date

Consent for Release of Inmate Case Record Information

When not Specifically Governed by ACM

I understand that my case records are protected under appropriate federal and state confidentiality regulations and cannot be disclosed without my written consent unless otherwise allowed by the aforementioned regulations. I also understand that I may revoke this consent at any time except to the extent action has been taken in reliance on it, and that, in any event, this consent expires automatically, as described below.

Specification of the date, event, or condition upon which this consent expires:

Completed this _____ Day of _____, 2014

Inmate: _____ Witness: _____

Distribution: Custodian of Records File
Inmate Base File

6446 D Johnson Rd 252-782 / 935-615
18800 Koxbury Rd
Hagerstown MD 21746

RECEIVED
287017

NIXIE 212 MFR 1 17C0007124017
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

SC: 21746100106 *0427-02235-20-46

INmate Grievance Office
115 Suddbrook Lane Suite 200
Pikesville MD 21208-3878

FWD

2120838784651001



Department of Public Safety and Correctional Services

NOTICE OF INMATE RULE VIOLATION

INMATE COPY

Inmate Name: EARL
JOHNSON

SID Number: 335615

Facility Location: Maryland Correctional Training Center

Housing Location: MCTC HU7C_1_009_B

Case Number: 2017-045

Control Number: 252782

Reporting Staff Name: J Steele

Position: COII

Date of Report: 06/07/2017

Reported Facts:

Date of reported conduct: 06/07/2017

Time of reported conduct: 8:30 PM

Reported Facts:

On the above date and time while watching rec hall on HU 6 Btier I witnessed an inmate later identified as Earl Johnson DOC#252782SID#335615 drinking what appeared to be homemade alcohol in the rec hall. I witnessed inmate Johnson yelling loudly at several Ramadan inmates and inviting them to fight him. I ordered inmate Johnson out of the rec hall and could smell alcohol on his breath. I ordered inmate Johnson to turn around and he handcuffed to which he complied. After inmate Johnson was handcuffed, myself and Sgt. Calder went to inmate Johnson's cell and discovered numerous single bottles of homemade alcohol and one large bag of homemade alcohol. The suspected alcohol was tested utilizing an alco-screen test, which tested at a .3% or higher range. Pictures were taken of the homemade alcohol and the inmate was identified using his DOC ID. Inmate Johnson was escorted to the dispensary for medical treatment.

Recommended Charge: 114, 406

Signature of Reporting Staff:

I solemnly affirm under the penalties of perjury and upon personal knowledge that the facts set forth in the above report are true.

Reporting staff: J Steele COII
Print Name and Title

Signature

06/07/2017
Date

Supervisor Review Action

- ☐ Informal Resolution (See Notice on Informal Resolution form served with this document for details.)
☒ Formal Hearing (See Notice of inmate Rule Violation And Disciplinary Hearing form served with this document for details.)
☒ Recommended Administrative Segregation Assignment Pending Formal Hearing ☐ Use Of Force Reported
☐ Contraband Disposition

Rule Violation Charge:

114. Possess a controlled dangerous substance, intoxicant, or alcohol in sufficient quantity or packaging materials that suggests an intent to distribute or distribution

301. Possess or use alcohol without authorization

406. Possess or pass contraband

Comments:

Shift Supervisor ☒ E. KRETZER Agent
Print Name and Title

Signature

06/07/2017
Date

ingame placed in
olding cell in medical

C-Tier - Laundry Room

we was making Food
For the Final's NBA

6-B-7-A 6/7/2017
Ryan Gole

Department of Public Safety and Correctional Services
NOTICE OF INMATE RULE VIOLATIONInmate Name: EARL
JOHNSON

SID Number: 335615

Facility Location: Maryland Correctional Training Center

Housing Location: MCTC HU7C_1_009_B

Case Number: 2017-045

Control Number: 252782

Reporting Staff Name: J Sreele

Position: COII

Date of Report: 06/07/2017

Shift Commander's Administrative Segregation Review:

I have reviewed the above Administrative Segregation recommendation And: ☒ Approve ☐ Disapprove the recommendation.

Shift Commander : J. Wilt Agent

Print Name and Title
Signature

06/07/2017

Date

Department of Public Safety and Correctional Services

INMATE HEARING RECORD

Inmate Name: EARL JOHNSON SID Number: 335615 Date of Report: 06/07/2017
 Facility Location: Maryland Correctional Training Center
 Event ID Number: 2017-0030117 Case Number: 2017-045 Housing Location: MCTC HU7D_1_009_A
 Hearing Officer of Record: David Sipes Reporting Staff Name: J Steele
 Inmate Rule Violation Charged: 301 , 406 , 114

guilty plea was voluntarily made. The Defendant was also informed that the Warden would review the decision and could modify the sanctions upon review. The Defendant understood and pled guilty. Per agreement, the Facility recommended 15 C/R. HO accepts plea and agreement.

Decision:

Rule Violation Charge	Hearing Officer Decision
114	Dismissed
301	Dismissed
406	Guilty

Based upon the credible evidence and findings of facts, provide a written explanation for the Decision:

The Defendant and Facility reached a plea agreement. The Defendant was informed that by pleading guilty hearing rights and most appeal rights were waived and the Defendant was admitting to the rule violations. The Defendant acknowledged that the guilty plea was voluntarily made. The Defendant was also informed that the Warden would review the decision and could modify the sanctions upon review. The Defendant understood and pled guilty. Per agreement, the Facility recommended 15 C/R. HO accepts plea and agreement.

Sanction Imposition**Adjustment History:**

The defendant inmate's adjustment History is: **Good**

Adjustment History Override: No

Adjustment History Sentencing Matrix:

Effective Date :

Rule violation charge	Segregation period	Consecutive/ Concurrent	Credit Revocation
406	0		0

Department of Public Safety and Correctional Services

INMATE HEARING RECORD

Inmate Name: EARL JOHNSON

SID Number: 335615

Date of Report: 06/07/2017

Facility Location: Maryland Correctional Training Center

Event ID Number: 2017-0030117

Case Number: 2017-045

Housing Location: MCTC HU7D_1_009_A

Hearing Officer of Record: David Sipes

Reporting Staff Name: J Steele

Inmate Rule Violation Charged: 301 , 406 , 114

End Date :

Alternative Sanction:

Rule violation charge	Sanction	Other Sanction	Sanction Period	Consecutive/ Concurrent	Effective Date	End Date
406	Cell Restriction		15		06/07/2017	06/21/2017

Suspension of Visitation privilege Imposition:

No Records

Comment:

Name of Hearing Officer: David Sipes

Title: Agent

Date of Decision: 06/27/2017

Inmate Name: EARL JOHNSON SID Number: 335615 Facility Location: Maryland Correctional Training Center
 Event ID Number: 2017-0030117 Case Number: 2017-045 Housing Location: HU7A_1_010_B Date of Report: 06/07/2017
 Hearing Officer of Record: David Sipes Reporting Staff Name: J Steele
 Inmate Rule Violation Charged: 301 , 406 , 114

Warden's Review of Decision

Appeal Received: Yes

Rule Violation Charge	Hearing Officer Decision
114	Dismissed
301	Dismissed
406	Guilty

Warden's Review of Decision : Affirm Decision

Warden's Review of Sanction

Adjustment History Sentencing Matrix:

Effective Date :

Rule violation charge	Segregation period	Consecutive/ Concurrent	Credit Revocation	Sanction Suspended
406	0		0	No

End Date :

Alternative Sanction:

Rule violation charge	Sanction	Other Sanction	Sanction Period	Consecutive/ Concurrent	Effective Date	End Date	Sanction Suspended
406	Cell Restriction		15		06/07/2017	06/21/2017	No

Suspension of Visitation privilege Imposition:

No Records

Inmate Name: EARL JOHNSON SID Number: 335615 Facility Location: Maryland Correctional Training Center
Event ID Number: 2017-0030117 Case Number: 2017- Housing Location: Date of Report:
045 HU7A_1_010_B 06/07/2017
Hearing Officer of Record: David Sipes Reporting Staff Name: J Steele
Inmate Rule Violation Charged: 301 , 406 , 114

Did the Warden or designee affirm all sanctions? Yes

Comments:

Remand: N/A

Comments: N/A

Name of Reviewer: Richard Dovey

Title: Agent

Date of Review: 07/06/2017

Remanded Hearing: Prior to an appearance, you are entitled to 24 hours from the date and time of your receipt of this notice to prepare for your scheduled hearing. You may be permitted to request: a qualified staff or inmate to represent you, a witness (including reporting staff), and evidence for the purposes of your hearing presentation if you list them by name below. Failure to request representation, a witness, or evidence below at the time of this service shall be deemed a waiver of representation, a witness, or evidence at the time of your hearing. You may appeal a hearing officer's decision and or sanction to the warden within 15 days of the date for your receipt of the decision.

Representative: _____ **Evidence Request:** _____

Witness Request: _____